

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/594364		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		2					54						
5		0					55						
6		0					56						
7		0					57						
8	1	0					58						
9							59						
10		1					60						
11		2					61						
12			1				62						
13				1			63						
14				1			64						
15				1			65						
16				1			66						
17				1			67						
18				1			68						
19				1			69						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	11	←	9	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	13		11				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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